FORM D

UNITED STATES Mail Processing SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D JAN 2 1 2009

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THOMSON REUTERS

NOTICE OF SALE OF SECURITIES OF PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPR	ROVAL
O	235-0076
Expires: January	
Estimated average bu	urden
hours per response:	16.00

	SEC	JSE ONLY	
Prefix		Serial	
	DATE	RECEIVED	

		
Name of Offering (check if this is an amendm		
GS TACS Option-Adjusted Active Co	ntinuous (U.S. Large Cap), LLC: Limited	l Liability Company Units
Filing Under (Check box(es) that apply):	Rule 504 🔲 Rule 505 🗹 Rule 506 🛭	Section 4(6) ULOE
Type of Filing: ☐ New Filing ☐ Amenda	nent	
	A. BASIC IDENTIFICATION DATA	1 JESSIN BOWN JENN BOWN SENIO DIEG ANNO PRIN BAN JOEL
1. Enter the information requested about the issu	ier	
Name of Issuer (☐ check if this is an amendm	ent and name has changed, and indicate change.)	1/44/1/ 49/14 10/1/ 49/14 40/14 40/14 40/14 40/14 40/14
GS TACS Option-Adjusted Active Co.	ntinuous (U.S. Large Cap), LLC	09002560
Address of Executive Offices (No	umber and Street, City, State, Zip Code)	Telephone Number (including Area Code)
32 Old Slip, New York, New York 10	005	(212) 902-1000
Address of Principal Business Operations (if different from Executive Offices)	Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
To operate as a private investment fun	ıd.	
•		
Type of Business Organization		
Corporation	☐ limited partnership, already formed	☑other (please specify):
☐ business trust	☐ limited partnership, to be formed	Limited Liability Company
	Month Year	
Actual or Estimated Date of Incorporation or Org	ganization: 0 2 0 7	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviat	ion for
•	State: CN for Canada; FN for other foreign jur	isdiction) DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Promoter Director \square General Partner and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member) Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 Beneficial Owner □ Executive Officer □ Director General Partner and/or Check Box(es) that Apply: ☐ Promoter \square Managing Partner Full Name (Last name first, if individual) Michael E. Moritz Trust A-1 Business or Residence Address (Number and Street, City, State, Zip Code) 5697 Strathmore Lane, Dublin, OH 43017 General Partner and/or Beneficial Owner Executive Officer Director Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Chropukva, Gary Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director General Partner and/or Managing Partner Full Name (Last name first, if individual) loffe, Len Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 Beneficial Owner ☑ Executive Officer □ Director General Partner and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Jones, Robert (Number and Street, City, State, Zip Code) Business or Residence Address 32 Old Slip, New York, NY 10005 General Partner and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Litterman, Robert B. (Number and Street, City, State, Zip Code) Business or Residence Address 32 Old Slip, New York, NY 10005 General Partner and/or ☐ Promoter Beneficial Owner Executive Officer Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Mulvihill, Donald Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 Beneficial Owner Executive Officer Director General Partner and/or Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Wianecki, Karl D. Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005

A. BASIC IDENTIFICATION DATA

					B. IN	FORMAT	ION ABC	UT OFFI	ERING _				
												Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Ø			
				F	Answer also	in Append	ix, Column	2, if filing t	ınder ULOI	Ξ.			
2.	What is	the minimur	n investment	that will be a	scepted from	n any individ	ual?					\$	
	The fu	ind may a	ccept subsc	riptions fo	r lesser am	ounts in th	e sole discr	etion of the	Managing	Member.		1,00	0,000
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						unit?						Œ	
	commis If a pers or states a broke	ssion or sin son to be li s, list the n r or dealer,	nilar remun sted is an a ame of the you may so	eration for s ssociated pe broker or de et forth the i	solicitation erson or age caler. If me	tho has been of purchase ont of a broke ore than five for that broke for that broke the broke that broke that broke that broke that broke that broke the broke that broke that broke the broke the broke the broke the broke the broke the broke that broke the brok	rs in connect er or dealer (5) person	ction with s registered s to be liste	ales of secu with the SE	rities in the C and/or wi	offering. th a state		
		(Last name Sachs & C	first, if ind	lividual)									
			Address (i		Street, City	y, State, Zip	Code)						
Nan	ne of A	ssociated E	Broker or De	ealer								<u></u>	
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	RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name	(Last name	first, if ind	lividual)									
Bus	iness or	Residence	: Address (1	Number and	Street, City	y, State, Zip	Code)						
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Bus	iness or	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\Box\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$	0
	Equity	\$_	0	_ \$	0
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$_	0	_ \$	0
	Partnership Interests	\$_	0	\$	0
	Other (Specify) Limited Liability Company Units	\$_	66,101,500	\$	66,101,500
	Total	\$_	66,101,500	_ \$	66,101,500
	Answer also in Appendix, Column 3, if filing under ULOE.				
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	37	\$	66,101,500
	Non-accredited Investors		00	\$	0
	Total (for filings under Rule 504 only)	_	N/A	\$	N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Pule 504 or 505, enter the information requested for				
,	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of		Dollar Amount
	Type of offering		Security		Sold
	Rule 505	_	N/A	\$	N/A
	Regulation A	_	N/A	\$	N/A
	Rule 504	_	N/A	\$	N/A
	Total	_	N/A	\$	N/A
the the	Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
!	Printing and Engraving Costs			\$	0
	Legal Fees		ゼ	\$	42,642
	Accounting Fees			\$	0
	Engineering Fees		0	\$	0
			_	ę	0
1	Sales Commissions (specify finders' fees separately)			Ф	
	Sales Commissions (specify finders' fees separately) Other Expenses (identify) legal and miscellaneous			\$	0

C. OFFERING PRICE, NUMB	BER OF INVESTORS, EX	PENS	SES /	AND USE OF F	ROCF	EEDS	}
 b. Enter the difference between the aggregate officence of the difference is the "adjusted gross proceeds to the issue." 	fering price given in response to sponse to Part C - Question 4.	to Part (.a. Thi	C nis		\$_		66,058,858
 Indicate below the amount of the adjusted gross p to be used for each of the purposes shown. If the furnish an estimate and check the box to the le payments listed must equal the adjusted gross proc to Part C - Question 4.b. above. 	e amount for any purpose is not left of the estimate. The total	t known al of th	n, he		_		
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees		. 🗖	\$_	0	_ 🗆	\$_	0
Purchase of real estate		. 🗅	\$_	0		\$_	0
Purchase, rental or leasing and installation of mach	лinery and equipment	. 🛮	\$_	0		\$ _	0
Construction or leasing of plant buildings and facil	. 🗆	\$_	0		\$_	0	
Acquisition of other businesses (including the val- this offering that may be used in exchange for another issuer pursuant to a merger)	r the assets or securities of	. 🗖	\$	0		\$_	0
Repayment of indebtedness		. 📮	\$	0		\$	0
Working capital			\$	0		\$	0
Other (specify): Investment capital			\$	0	- Ø	\$	66,058,858
Column Totals		. 🗆	\$	0	_ ☑	\$_	66,058,858
Total Payments Listed (column totals added)				፟ \$	66,0!	- 58,858	8
	D. FEDERAL SIGNATU	JRE					
The issuer has duly caused this notice to be signed following signature constitutes an undertaking by the its staff, the information furnished by the issuer to any ssuer (Print or Type) Signat Signat	I by the undersigned duly authorissuer to furnish to the U.S. Sec y non-accredited investor pursua	norized ecurities	s and l	Exchange Commis	ission, ur e 502.		
Continuous (U.S. Large Cap), LLC	KIKI						
· · · · · · · · · · · · · · · · · · ·	of Signer (Print of Type) orized Person						

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

